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Understanding Barriers to Domestic Violence and Sexual Assault Services Faced by Women with Mental Health and Substance Abuse Issues

Presenters:

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Introductions and Background

- ❖ Violence Against Women with Disabilities Project: Focus on Accessibility
- ❖ Cultural and Historical Differences Among Anti-Violence and Mental Health and Substance Abuse Services Responses

Systemic and Attitudinal Barriers

- ❖ Overcoming barriers in serving women with mental illnesses who have experienced domestic violence and/or sexual assault

Outcomes for women who have experienced violence

- ❖ Linkages among violence, mental health and substance abuse

Common myths

- ❖ Women with mental illness are not able to distinguish reality from delusional thinking
- ❖ Women with a personality disorder make up stories to get attention
- ❖ Women with psychiatric disorders would be better placed in a psychiatric unit in crisis due to her symptoms
- ❖ Domestic violence shelters are staffed by volunteers who are not trained in providing services to people with mental illness and would not be able to meet the needs of a woman with a mental illness
- ❖ Women with mental illnesses lack the ability to make good decisions about their care during a crisis and are unable to determine what is best for them
- ❖ Women with psychiatric disabilities do not understand how difficult they are to live with. Partners are just frustrated. The woman is just overreacting.
- ❖ Women with psychiatric disabilities who experience violence first need their mental health needs treated before they can be helped by domestic violence and/or sexual assault services.
- ❖ Women with mental illnesses are best served by human services. There is no need to refer them for domestic violence and/or sexual assault services.

Addressing Barriers for Women with Psychiatric Disabilities: Making Domestic Violence and Sexual Assault Services Accessible

- ❖ The most significant barrier a woman with a psychiatric disability is stigma.
- ❖ Stigma leads women with psychiatric disabilities to not be believed, heard, and helped appropriately.
- ❖ What women with mental illnesses have said about trying to obtain help during a domestic violence or sexual assault crisis:
 - they were not believed;
 - they did not receive any referrals to domestic violence or sexual assault services;
 - they were spoken to with disrespectful language;
 - they were patronized;
 - they were blamed;
 - were told they were overreacting;
 - were only prescribed medication;
 - counseling was not made available to them; and,
 - were placed in a group home with no domestic violence or sexual assault services made available to them.

Removing Attitudinal Barriers

- ❖ Provide training on the unique dynamics of domestic violence and sexual assault and the services anti-violence agencies provide to victims/survivors to all staff.
- ❖ Receive training on issues of stigma and the process of recovery.

- ❖ Learn about the resources available in your local for domestic violence and sexual assault services.
- ❖ Learn about your local peer support services for mental health consumers and violence survivors.
- ❖ Emphasize the importance and train staff in using “people first” language (e.g., “My borderline client.” versus “My client who has been diagnosed with borderline personality disorder.”)
- ❖ Partner with local domestic violence and sexual assault agencies to cross train staff: the domestic violence and sexual assault agencies could train on the dynamics of violence and their services, while you could reciprocate by training their staff on mental health, substance abuse, and the services that your agency providers.
 - Employ staff who has mental illness.
 - Provide training to human service personnel to identify and recognize the symptoms of abuse.
 - Refer women to domestic violence and sexual assault services and coordinate (with permission of the client) services if assistance is needed.
 - Remember: **Women with psychiatric disabilities and substance abuse issues NEED and CAN benefit from the crisis and follow-up services that domestic violence and sexual assault agencies provide, including:**
 - Individual support;
 - Support groups;
 - Personal advocacy;
 - Medical advocacy;
 - Legal advocacy; and
 - Emergency shelter.

Removing Systemic Barriers

- ❖ Systemic Barriers are policies and procedures that hinder or prevent women from accessing domestic violence/sexual assault services.
- ❖ It maybe the policy or best practice to refer a woman with mental illness to a psychiatric treatment facility (e.g., a local hospital) when the woman is displaying distress or experiencing a crisis as a result of violence.
- ❖ This policy can be extremely dangerous for women with psychiatric disabilities. When they are discharged, they often are returned to the abuser or the abuser still has access to the woman while in the hospital. The violence goes unaddressed.
- ❖ Training for human services personnel often does not include information on the dynamics and impact of violence.
- ❖ Abuse often is seen as a lesser need to serving the needs of the psychiatric disability
- ❖ Housing: a woman may be in need of applying for SSI/SSDI and other public assistance in order to leave an abusive situation. This may take longer than some shelters allow women to stay. Cross-training in economic support services is needed to help women become independent.
- ❖ HS personnel may need to assist women in coordinating domestic violence, sexual assault and mental health services. Advocacy assistance maybe needed.

Resources

- ❖ Violence Against Women with Disabilities Project
Wisconsin Coalition for Advocacy (WCA)
16 N. Carroll Street, Suite 400, Madison, WI 53703
608-267-0214 (Voice/TTY)
Email: amyj@w-c-a.org
Web site: www.w-c-a.org
- ❖ Wisconsin Coalition Against Domestic Violence (WCADV)
307 S. Paterson, Suite 1, Madison, WI 53703
608-255-0539 (Voice) 608-255-3560 (Fax/TTY)
Web site: www.wcadv.org
- ❖ Wisconsin Coalition Against Sexual Assault (WCASA)
600 Williamson Street, Suite N-2, Madison, WI 53703
608-257-1516 (Voice/TTY) 608-257-2150 (Fax)
Web site: www.wcasa.org
- ❖ National Trauma Consortium
- ❖ www.nationaltraumaconsortium.org
- ❖ Sidran Institute www.sidran.org